

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/ _____

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

For International Preliminary Examining Authority use only			
Identification of IPEA		Date of receipt of DEMAND	
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		Applicant's or agent's file reference 11343P5 WO/KTC	
International application No. PCT/GB2004/004637	International filing date (day/month/year) 4 November 2004	(Earliest) Priority date (day/month/year) 14 November 2003	
Title of invention COMBUSTIBLE MOSQUITO COIL OR STICK			
Box No. II APPLICANT(S)			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Reckitt Benckiser (Australia) Pty Limited 44 Wharf Road West Ryde NSW 2114 AUSTRALIA		Telephone No. +61 29857 2000	
		Facsimile No. +61 29858 5721	
		Teleprinter No.	
		Applicant's registration No. with the Office	
State (that is, country) of nationality: AU		State (that is, country) of residence: AU	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) HINDLE, Benjamin David 23/110 Reynolds Street Balmain New South Wales 2041 AUSTRALIA			
State (that is, country) of nationality: NZ		State (that is, country) of residence: AU	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Reckitt Benckiser (UK) Limited 103-105 Bath Road Slough Berkshire SL1 3UH UNITED KINGDOM			
State (that is, country) of nationality: GB		State (that is, country) of residence: GB	
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.			

Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet should not be included in the demand.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

WATSON, Kim Gary
6 East Riding Drive
Cherry Hill
NJ 08003
UNITED STATES OF AMERICA

State (that is, country) of nationality:

AU

State (that is, country) of residence:

US

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is, country) of nationality:

State (that is, country) of residence:

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is, country) of nationality:

State (that is, country) of residence:

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is, country) of nationality:

State (that is, country) of residence:

☐ Further applicants are indicated on another continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The following person is <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative and <input type="checkbox"/> has been appointed earlier and represents the applicant(s) also for international preliminary examination. <input type="checkbox"/> is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked. <input checked="" type="checkbox"/> is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.	
Name and address: <small>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)</small> Karen Teresa Cawdell Reckitt Benckiser plc Legal Department - Patents Group Dansom Lane Hull HU8 7DS UNITED KINGDOM	Telephone No. +44 (0)1753 446232 Facsimile No. +44 (0)1482 216876 Teleprinter No. Agent's registration No. with the Office
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	
Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION	
Statement concerning amendments:* 1. The applicant wishes the international preliminary examination to start on the basis of: <input type="checkbox"/> the international application as originally filed the description <input type="checkbox"/> as originally filed <input checked="" type="checkbox"/> as amended under Article 34 the claims <input checked="" type="checkbox"/> as originally filed <input type="checkbox"/> as amended under Article 19 (together with any accompanying statement) <input type="checkbox"/> as amended under Article 34 the drawings <input type="checkbox"/> as originally filed <input type="checkbox"/> as amended under Article 34 2. <input type="checkbox"/> The applicant wishes any amendment to the claims under Article 19 to be considered as reversed. 3. <input type="checkbox"/> Where the IPEA wishes to start the international preliminary examination at the same time as the international search in accordance with Rule 69.1(b), the applicant requests the IPEA to postpone the start of the international preliminary examination until the expiration of the applicable time limit under Rule 69.1(d). 4. <input type="checkbox"/> The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54bis.1(a). * Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.	
Language for the purposes of international preliminary examination: English <input checked="" type="checkbox"/> which is the language in which the international application was filed. <input type="checkbox"/> which is the language of a translation furnished for the purposes of international search. <input type="checkbox"/> which is the language of publication of the international application. <input type="checkbox"/> which is the language of the translation (to be) furnished for the purposes of international preliminary examination.	
Box No. V ELECTION OF STATES	
The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.	

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | | |
|--|---|----|--------|
| 1. translation of international application | : | | sheets |
| 2. amendments under Article 34 | : | 1 | sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | | sheets |
| 4. copy (or, where required, translation) of statement under Article 19 | : | | sheets |
| 5. letter | : | 3 | sheets |
| 6. other (specify) pages of evidence | : | 19 | sheets |

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received not received

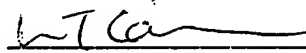
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

- | | |
|--|---|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 5. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> original separate power of attorney | 6. <input type="checkbox"/> sequence listing in electronic form |
| 3. <input type="checkbox"/> original general power of attorney | 7. <input type="checkbox"/> tables in electronic form related to a sequence listing |
| 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 8. <input type="checkbox"/> other (specify): |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).



Karen Teresa Cawdell
Agent for the Applicants

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1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

- | | |
|--|--|
| 3. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.
<input type="checkbox"/> The applicant has been informed accordingly. | 6. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8, below, does not apply. |
| 4. <input type="checkbox"/> The date of receipt of the demand is WITHIN the time limit of 19 months from the priority date as extended by virtue of Rule 80.5. | 7. <input type="checkbox"/> The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5. |
| 5. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82. | 8. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82. |

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Demand received from IPEA on:

PCT

FEE CALCULATION SHEET

Annex to the Demand

International application No. PCT/GB2004/004637	For International Preliminary Examining Authority use only
Applicant's or agent's file reference 11343P5 WO/KTC	Date stamp of the IPEA
Applicant Reckitt Benckiser (Australia) Pty Limited et al	
CALCULATION OF PRESCRIBED FEES	
1. Preliminary examination fee	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">1530.00</div> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-left: 5px;">P</div>
2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">129.00</div> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-left: 5px;">H</div>
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">1659.00</div>
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">TOTAL</div>	
MODE OF PAYMENT	
<input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash
<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT <i>(This mode of payment may not be available at all IPEAs)</i>	
<input checked="" type="checkbox"/> Authorization to charge the total fees indicated above.	IPEA/ EPO
<input checked="" type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	Deposit Account No.: 2805 0225
	Date: 9 September 2005
	Name: Karen Teresa Cawdell
	Signature: <u><i>WTC</i></u>



Payment of fees and costs

European Patent Office
Directorate Cash and Accounts
D - 80298 München
Fax: (+49-89) 2399-2528

Please complete using computer word processor

01	Name of payer Reckitt Benckiser plc Legal Department - Patents Group	Payer's reference 11343P5 WO/KTC
	Address Dansom Lane HULL HU8 7DS 02 UNITED KINGDOM	Mode of payment <input type="checkbox"/> Bank/Giro transfer <input type="checkbox"/> Enclosed Cheque No. <input checked="" type="checkbox"/> Debit from deposit account with the EPO is requested ²
		Bank/Giro Office Deposit account No. 2805 0225

Patent application / Patent No. (A separate form is required for each application)			
03	EP		PCT GB2004/004637
			03

	Code		Currency ³	Amount
04	001	Filing fee		
05	002	Search fee		
06	005	Designation fee(s) ⁴		
07	015	Claims fee(s) (Rule 31(1) EPC)		
08	055	Additional copy		
09	006	Examination fee		
10	007	Fee for grant including fee for printing (up to 35 pages)		
11	008	Additional fee for printing (more than 35 pages)		
12	033	Renewal fee for the 3rd year		
13	034	Renewal fee for the 4th year		
14	035	Renewal fee for the 5th year		
15		Extension fee(s) for ⁵ :		
16	021	Preliminary examination fee	EUR	1530.00
17	224	Handling fee	EUR	159.00
18				
19				
20				
21				
22		Total	EUR	1659.00

Signature *Karen Teresa Cawdell*
Karen Teresa Cawdell, Agent for the Applicant

Hull, United Kingdom, 9 September 2005
Place, Date